Annual Report 2008

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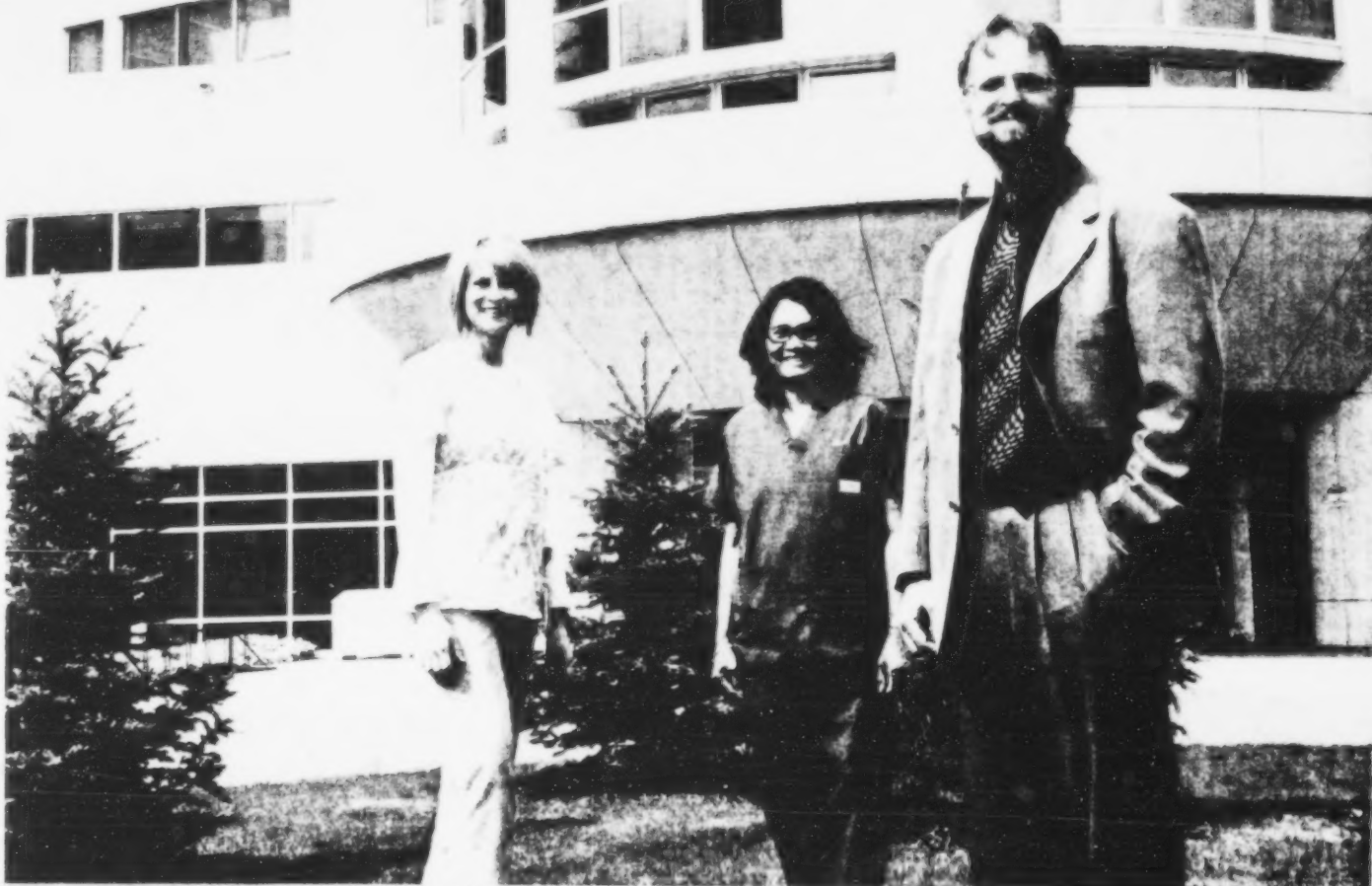
BRANDON RHA

BRANDON REGIONAL HEALTH AUTHORITY

Annual Report 2008



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Larry Hogue, Board Chair

We are honoured to present the Brandon Regional Health Authority Annual Report for the fiscal year ending March 31, 2008.

This report was prepared under the Board's direction, in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health.

All known material, economic and fiscal implications have been considered in preparing the Annual Report.

Respectfully submitted, on behalf of the Brandon Regional Health Authority.
Mr. Larry Hogue
Chairman of the Board
Brandon Regional Health Authority Inc.

Carmel Olson, Chief Executive Officer

The Brandon Regional Health Authority Strategic Plan spans the five-year period 2006/07 - 2010/11 and is reviewed on an annual basis to determine if the long-term direction remains relevant, in relation to external and internal environments. The 2007/08 Annual Report is a summary of progress related to the achievement of actions that have been devised to address the strategic priorities set out by the Board. This status report is consistent with the format established for the annual health plan component and although some prior years activity is included, for the sake of brevity, it does not include all achievements and milestones.

We have received recognition as a leader in patient safety, and the organization of mental health services has been cited as a model that could be emulated in other jurisdictions (Kirby Report). As well, the recently released document, What Works? A First Look at Evaluating Manitoba's Regional Health Programs and Policies at the Population Level, prepared by the Manitoba Centre for Health Policy, recognizes Brandon Regional Health Authority as a leader in Diabetes care. "Given the fact that the Brandon/Assiniboine RHA diabetes strategy is associated with a lower likelihood of amputations after controlling for possible individual risk factors, further study into their programs could help with an understanding of what features could be adapted by other RHAs (2008, p.71)".

The Brandon Region provides many programs and services on behalf of our neighbouring and other regions that are further remote. As well, numerous employees in a variety of roles throughout the organization participate in the planning and development of inter-regional strategies, as well as provincial initiatives. In addition, individuals and the Region have been recipients of awards that recognize outstanding achievement, by provincial and national organizations. Presentations highlighting some of our best practices have been made at provincial, national, and international conferences.

Demographics of the population will continue to pose challenges as we continue pursuit of a stable and sustainable workforce; however, planning and innovative recruitment/retention efforts are relentless. Appreciation is extended to direct service staff and managers for their contributions to the health care system and their outstanding dedication and commitment to quality and safety.

In closing, on behalf of the Executive Management Committee, I acknowledge the exceptional opportunities for communication with Ministry personnel and ongoing positive working relationship.

The Region

The Brandon Region consists of a geographical area of approximately 67 square kms, encompassing the City of Brandon, the R.M. of Cornwallis, the R.M. of Elton and the R.M. of Whitehead.

The majority of residents live in the City of Brandon with a population of 44,887 while 2,836 reside in the R.M. of Cornwallis. The R.M. of Elton and the R.M. of Whitehead have 1,278 and 749 respectively (as of 01 June 2006). RHA total population data demonstrates that 19% of the population are under age 15; 67% are between the ages of 15 and 64, and 14% are over age 65. These figures do not represent a significant change in the breakdown between these age groups since 1996. While no First Nations communities are in the Brandon Region, 8.6% of the population is of Aboriginal origin (compared to 4% in the 1991 census data). This figure equates to approximately 3,905 people; however, agents of the Friendship Centre speculate that the number is closer to between 5,000 and 8,000, many of whom are students at Brandon University and Assiniboine Community College and continue to register their place of residence as on-reserve.

The Brandon Regional Health Centre is a referral centre providing secondary and limited tertiary services to the surrounding regions. In addition, several community-based services that were established to serve the "Westman" region (e.g. mental health, diabetes education, sexually transmitted infections); therefore, it is our belief that we serve a population of approximately 120,000 - 180,000, depending on the need for access from residents of Assiniboine, Parkland and Central Regions, and the eastern portion of the Province of Saskatchewan. "Providers of Service" reports indicate that for most specialties, more than 50% of specialist services are provided to people residing outside of the Brandon RHA. Hospitalization data demonstrates that approximately 35.3% of hospital days are attributable to non-residents.

The City of Brandon has seen an increase in the number of foreign immigrants in recent years. As detailed in the 2004 Community Health Assessment, 2.3% of residents living in the Brandon region identified themselves as belonging to a visible minority group. Minority populations are acknowledged as those persons, other than Aboriginal people, who have identified themselves as non-Caucasian in race, or non-white in colour in the 2001 Census of Canadians. The City of Brandon recorded the arrival of 172 immigrants in 2006 and the arrival of 641 immigrants in 2007. In 2007, Brandon welcomed over 1000 foreign workers; 95% of who have applied for landed immigrant status. As of May 2008, the overall percentage of visible minorities in the Brandon region is approximately 6%. Projections for 2011 suggest that visible minorities will comprise 10% or higher of the total population.

2007/2008 Board Members

Front row L – R: Darrell Racine, Margaret MacDonald, Karen Peto, Scotty McIntosh, Marion Robinsong.
Back row L – R: Rita Blaikie, Larry Hogue, Charles Cuerrier, Bill Bryant, Roland Vodon, Gerald Rocan.
Missing: Ann Lanceley, Dr. Colin Macfarlane.

For the 2008/2009 fiscal year, Minister Oswald appointed three new Board members:

Jo-Anne Douglas, Terry Parlow and Al Patterson.

Larry Hogue's term as Chair has been extended for one year and Marion Robinsong continues as Vice-Chair.

Colin Macfarlane has been reappointed for another 3-year term. Bill Bryant's term has been extended for one more year.

Board meetings are held on the third Tuesday of each month in the City Hall Council Chambers. Meetings are open to the public and also aired on WCG-TV.

Board Governance

The Board has two standing committees: Finance/Audit and Executive.
The Board Chair acts as liaison to the Provider Advisory Council.
Through executive policies, the Board acts to ensure that the health plan is implemented, that funds are allocated appropriately, and that effective systems of control and legislative compliance are maintained.

Through its Finance/Audit Committee, the Board

- Reviews, approves and recommends financial disclosure.
- Maintains oversight of internal control and management information systems.
- Maintains communication with auditors.
- Focuses on areas of significant risk to the Board.

On behalf of the Board, Management

- Reports accurately, consistently and on a timely basis.
- Selects and recommends policies, estimates and disclosures.
- Maintains cost-effective internal control and management information systems.

On behalf of the Board, External Auditors

- Assess the appropriateness of accounting policies, estimates and disclosures.
- Review key financial internal control systems.
- Provide value-added, cost-effective audit services.
- Focus on areas of significant risk to the Board.

Executive Limitations

Policies that establish conditions for pre-approval of any staff decisions or activities that do not violate the direction and guidelines of the Board. Through an understanding of what can jeopardize the prudent and ethical conduct of the organization, the board makes decisions about the staff's means in a proactive, but negative and boundary-setting way. These are the things that the CEO shall not do nor allow to happen according to Policy Governance. Limitations policies cover a range of day-to-day areas. It is within these policies that the requirements of regular monitoring reports can be found.

Monitoring through surveys and self-assessments

The Board of Directors conducts an annual self-assessment process under the leadership of the Board Chair. The board discusses and interprets the outcome of the self-assessment and creates a work plan highlighting specific goals and objectives for improvement in identified areas.

Board/Executive Management Advisory Committees

Medical advisory committee (MAC) is comprised of physician clinical department chiefs, with representation from the Assiniboine RHA and the Brandon RHA Executive Management Team. The VP medical & Diagnostic Services acts as chair. MAC reviews departmental issues, makes recommendations for medical staff appointments, and provides advice on other matters.

Provider Advisory Council (PAC) is an advisory group that includes providers from a number of programs throughout the region. PAC provides professional and paraprofessional expertise and advice to the Brandon RHA board of directors. The council promotes collaboration and effective working relationships among health care providers. PAC provides consultation and/or advice to the RHA on matters having an impact upon or otherwise involving the delivery of health services in the region.

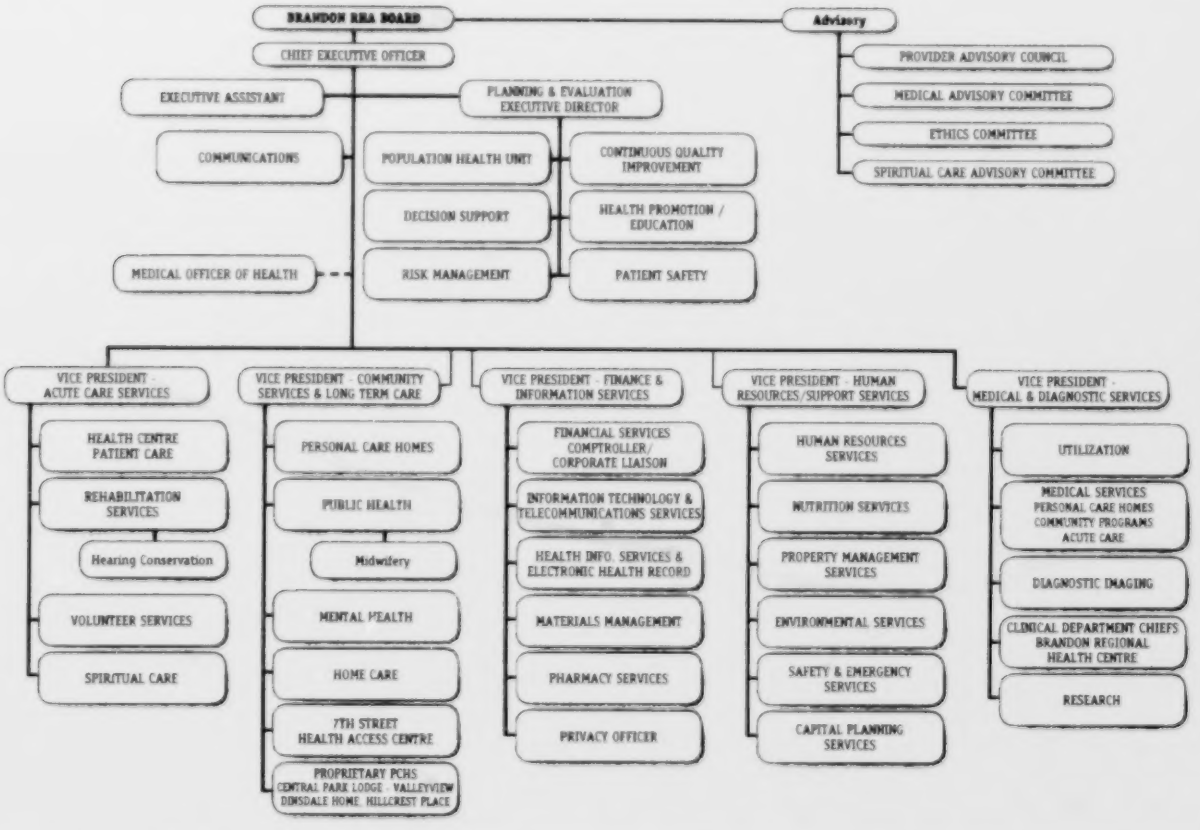
Spiritual Care Advisory Committee acts as a forum for discussing issues of how the local faith communities, clergy, aboriginal elders and the Brandon RHA might offer spiritual care in a collaborative, effective fashion.

Ethics Committee is a group of health professionals and community members from Brandon and Assiniboine regions who assist families, individuals and healthcare providers to work through ethical issues.

RHA committees with public representation

- Regional Diabetes Program Advisory Committee
- Sexual Health Committee
- Maternal Child program team
- Cancer Care Coordinating team
- Home Care Coordinating team
- Brandon Community Health Partners
- Ethics Committee
- Expressions (community mental health)
- Healthy Brandon committees (stress, tobacco, nutrition, activity)
- Brandon Healthy Families Team
- Mental Health Advisory Committee
- Spiritual Care Advisory Committee
- Personal Care Home Family Councils

Organizational Structure



Executive Management Committee

Heather Kirkham retired from the position of Vice President Community and Long Term Care Services in January 2008. Jayne Troop previously the Manager Home Care Program, was the successful candidate for the competition held for a replacement.

Chief Executive Officer – Carmel Olson

Reporting through the Chairman of the Board, the CEO is ultimately responsible for the administration and delivery of all health care services provided by the Brandon Regional Health Authority. Working closely with the senior management team, the CEO has primary responsibility for establishing a framework for future direction and providing leadership for strategic planning processes.

An important role for this position is interaction with Manitoba Health, elected officials and other regions. As well, the CEO serves as the primary spokesperson for the Region, dealing with the media, staff and members of the public.

Vice-President, Acute Care Services – Bev Cumming

The Vice-President is responsible for the administration and delivery of services for patients requiring acute care services. Programs include surgery, medicine, paediatrics, obstetrics, critical care, long term care, as well as rehabilitation and palliation. Outpatient services include ambulatory clinics, chemotherapy, day surgery, endoscopy, hemodialysis and emergency care. Other facets of in-patient care and out-patient care provided from the Brandon Regional Health Centre are under the direction of this incumbent, inclusive of, infection control, rehabilitation services, physiotherapy, occupational therapy, hearing conservation and communication disorders, which are provided on both an in and out-patient basis, and pastoral care. Volunteer services support the delivery of patient care in a unique manner and are included in this portfolio.

Vice President Community and Long Term Care Services – Jayne Troop

Major responsibilities in this portfolio include: Continuing Care (Home Care; personal care home placement; Supportive Housing: Respite Care; and Services to Seniors); Mental Health programs which are delivered in the community (Adult Mental Health, Psychosocial Rehabilitation, Mental Health Services for the Elderly) and in-patient units i.e. the Centre for Adult Psychiatry, the Centre for Geriatric Psychiatry and the Child & Adolescent Treatment Centre; Public Health which encompasses Public Health nursing, health education, communicable disease control including sexually transmitted infections, maternal-child health, health protection, promotion and prevention; Midwifery; and Long Term Care services in personal care home facilities (Rideau Park and Fairview Personal Care Homes). Responsibility for The Primary Health Care Access Centre that was established in May 2004 is included in this portfolio. (Note: Hearing Conservation will be transferred to Regional Rehabilitation Services in May 2008, which is in the VP Acute Care portfolio.) In addition, this individual maintains a close liaison with the proprietary personal care homes -- Hillcrest Place, Dinsdale Home and Central Park Lodge-Valleyview. The incumbent plays a key role in establishing and maintaining a variety of partnerships with other agencies, including monitoring the compliance with deliverables outlined in service purchase agreements with Dinsdale PCH, Grey Owl Post-Psychiatric Co-op, the Canadian Mental Health Association Westman Region, Seniors' organizations, Manitoba Housing Authority, as well as MOUs with the Brandon School Division and other Regions for joint ventures.

Vice-President Finance and Information Services – Brian Schoonbaert

Key roles for this VP are financial planning, reporting and establishing processes for both operating and capital needs, including the preparation and monitoring of the budget; strategic planning for, and selection of appropriate information systems; and procurement and distribution of equipment, supplies and services, including pharmaceuticals.

The main components reporting to this individual are Financial Services (Accounting and Payroll); Information Technology (including Tele-Communications); Clinical Information Services (including Central Information, Clinical Records, Patient Registration and "Privacy Officer"; Material Management (including Central Sterile Processing, Purchasing and Dispatch); and Pharmacy Services

Vice President Medical and Diagnostic Services – Dr. Charles Penner

The role of the VP Medical and Diagnostic Services is to ensure that the Medical and Dental Staff By-laws, Rules and Regulations are maintained to the level recommended by the College of Physicians and Surgeons, Manitoba Health and the Canadian Council of Health Services Accreditation. It is this individual's responsibility to ensure compliance with these standards by all physicians as a condition of obtaining privileges. In addition, he assists in the recruitment of an appropriate complement of physicians to meet the Region's needs and those of the surrounding regions. This position serves as liaison with the medical staff and acts as the Chair of the Medical Advisory Committee as well as attending meetings of other committees of the Medical/Dental staff, with the responsibility to ensure that proceedings are documented and action items followed up. He attends the provincial Chief of Staff meetings to maintain liaison with physicians in other Regions.

The Vice-President is also responsible for the administration and delivery of services for patients requiring diagnostic testing, including Imaging (Radiology, MRI, CT); Cardiac (Echo/ECG/Angio); EEG; Respiratory Services; Nuclear Medicine; and Bone Densitometry.

In recognition of the fact that utilization is physician-driven, the Medical and Surgical Utilization Coordinators report directly to the VP Medical Services. To ensure that there are effective linkages between the Brandon Regional Health Centre and other programs/services such as Home Care and the Personal Care Homes, Dr. Penner chairs a "utilization committee" that has representation from relevant programs.

The Vice President Medical and Diagnostic Services also oversees research activities for the Region.

Vice President, Human Resources and Support Services – Jason Marchand

This portfolio has administrative responsibility for the provision of Support Services throughout the Region as well as Human Resources. The areas reporting to this position include: Human Resources (Scheduling, Health Resource Centre Library, Staff Education); Environmental Services (Laundry and Housekeeping); Safety & Emergency Services (Safety & Training, Security, Occupational Health, Emergency Ambulance Services); Nutrition Services; Capital Planning; Property Management (Facility Engineering, Biomedical Services).

Comptroller/Corporate Liasion – Janet Wilcox McKay

In the role of Comptroller/Corporate Liaison, the incumbent has responsibility for the day-to-day operation of financial and payroll services and is the Access and Privacy Coordinator for FIPPA. This position works closely with managers in the budget development processes and oversees the internal audit process. As well, she provided leadership and coordination of the development of regional policies and procedures.

Executive Director Planning and Evaluation – Sue Hunter

Responsibilities in this portfolio include providing direction for the planning and evaluation of clinical and support programs along with assisting in any new initiatives that have a regional focus. Planning and implementation of patient safety and risk management programs are critical components of this portfolio. The Executive Director Planning and Evaluation is also responsible for continuous quality improvement initiatives and performs a lead role in the process of accreditation. She oversees the community health assessment process, population health promotion initiatives and the development and circulation of Health Plans (the long-term Corporate Strategic Plan, and the annual Operational Plan).

Health System Infrastructure

Finances

- Brandon Regional Health Authority spends more proportionally on acute care costs than any other region. This is influenced by the fact that Brandon Regional Health Centre is the third largest health care facility within the province, serving as a regional referral center for a broad geographical boundary encompassing about 180,000 people.
- However, the proportion of financial costs for community programs has increased annually for several years, while the costs of acute care programs has decreased.
- Brandon Regional Health Authority administrative costs are lower than all of the other RHA's in Manitoba, at less than 4.0%.

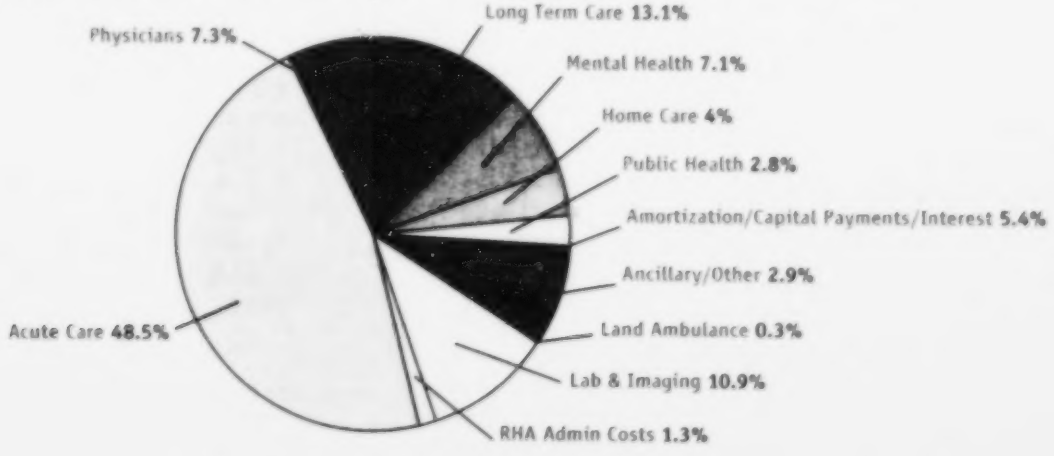
Human Resources

- The Brandon Regional Health Authority employs over 2500 people.
- The Brandon RHA is in the process of implementing a strategic Human Resource Plan that encompasses strategies to address issues like Recruitment & Retention, Respectful Workplace, Information Systems and HR Policy.
- In the 2007/2008 fiscal year, over 750 volunteers provided about 51,222.88 hours of service at Rideau park, Fairview, Community Programs and the Brandon Regional Health Centre.

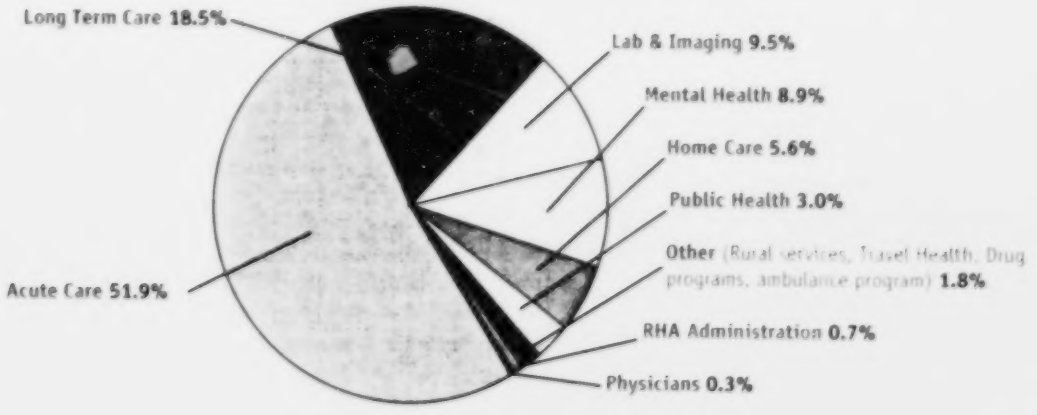
The Public Interest Disclosure - Bill 34 Reporting

The Brandon Regional Health Authority did not receive any disclosures under this legislation; therefore, no investigations or reports ensued.

Where are the dollars spent?



Where do the Staff work at the Brandon RHA?



Vision:

A model region, responsive to the community through teamwork and a focus on "health"

Mission:

Promotion of healthy choices and delivery of health services across the lifespan in a variety of settings; in partnership with the residents of the Brandon and neighbouring Regions.

Values:

Integrity
Continuous Improvement
Respect and Dignity
Teamwork
Accessibility

Strategic Priorities

Improved health status of the community through strategies that focus on wellness and the factors that determine health.

Human, financial, and capital resources, including equipment, that support and sustain programs and services that are people centered, evidence-based, and needs driven.

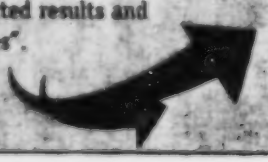
Health system integration with partnerships that enhance access and minimize duplication.

An organization that attracts and retains employees who feel valued and supported.

An organizational culture that focuses on safety, disclosure, learning, and improvement, using a system-wide approach.

Achievements

The region prepares a five-year strategic plan based on priorities established by the Board in consultation with staff and physicians. The process includes an environmental scan of information from multiple sources including community health assessment reports. The following summarized information reflects the strategic actions, expected results and strategic measures identified to address the "strategic priorities".



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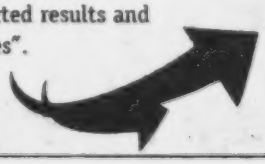

STRATEGIC PRIORITY

ACTION	MEASURES
• Complete implementation of the tobacco reduction strategy and support healthy public policy, e.g. by-laws & other strategies that prohibit or reduce smoking.	• Percentage of regular smokers: 32.7% in 1996, 24.1 in 2005. • Percentage of pregnant women smoking: 28.2% in 1997/98, 24% in 2005/06, 20% in 2006/07. • Deaths due to lung cancer: 39 in 1998, 23 in 2001, 35 in 2004, 45 in 2006. • Number of Lung Cancer Cases: 51 in 2003, 37 in 2004, 42 in 2005. • Potential Years Life Lost (PYLL) due to cancer of lung, trachea, bronchus: 304 Females, 349 Males in 2000/04; 292 Females, 207 Males in 2005/06.
• STI/STD Strategy Implementation: - Monitor outcome targets established in 2005/06 & amended subsequently. - Develop & implement strategies to address incidence & prevalence, based on local epidemiology & resource capacity. - Support & participate in strategies to promote health, responsible sexual practice.	• STD/STI Rates: Chlamydia cases: 170 in 2004 to 162 in 2005, 176 in 2006 and 282 in 2007. Gonorrhea cases decreased from 27 in 2004 to 10 in 2005, 20 in 2006 and 19 in 2007 (Source: MB Health). • Evidence of strategies that reflect local epidemiology. • Progress re: STI Strategy.
• Continue to support healthy child development in children of teenage parents (ages 15 – 19) through prenatal care, parenting skills training, and high school based programs.	• Number accessing prenatal care at the Friendship Center or during Canadian Prenatal Nutrition Program classes: 40% teens. Afternoon prenatal: 64% <18 years; 21% <17 years. 83% of teens were registered in school. • Teen parents accessing prenatal care: 43 in 2006/07 and 95 in 2007/08; 45% 18 years or younger. • Enrolment in Families First & Healthy Beginnings: 145 in Families First; and on average 120 in Healthy Beginnings. • Percentage of pregnant teens attending high school: 83% in 2006/07 (<18 years old and attending afternoon prenatal) but completion rate unknown.
• Demonstrate progress towards achieving targets established for initiation, duration, and data on exclusive, partial, or no breastfeeding.	• Initiation rates: 84% in 2005/06, 88% in 2006/07. • Duration Rates in 2003: Exclusive/Partial – 21.2% at 12 mos. and 6.1% at 18 mos. • Initiation Rates at birth/discharge: 78.6% in 2003/04; 84%/79% in 2004/05; 85%/79% in 2005/06; 87%/81% in 2006/07.
• Develop and implement the Chronic Disease Prevention Initiative, based on a framework that addresses cardiac, respiratory and renal diseases as well as cancer. (Plan approved in March of 2006)	• Hospital rates due to Acute Myocardial Infarction (heart attacks): 2.7/1000 > age 40 in 2005/06; 3.9/1000 > age 40 in 2006/07. • Cancer Incidence (2005): Males = 580.9/100,000; Females = 422.3/100,000 • Respiratory Morbidity rates: 14.4% in 2005/06; 14.1% in 2006/07. • Hypertension rates > age 25: 17.8% in 2005/06; 17.6% in 2006/07. • Hospital rates due to respiratory disease: 364 cases, 3,326 hospital days in 2005/06; 408 cases, 4,234 hospital days in 2006/07. • Hospital rates due to circulatory system: 554 cases, 4,851 hospital days in 2006; 611 cases, 5,752 hospital days in 2007.
• Implement a Coordinated Stroke Strategy in partnership with the Manitoba Heart and Stroke Foundation.	• Audit results re compliance with Clinical Guideline/Pathway. • Implementation of Stroke Prevention Clinic.

Improved health status of the community through strategies that focus on wellness and the factors that determine health.

MB Health & Healthy Living Goal:
Optimize the health status of all Manitobans.

RESULTS

- Tobacco Dependence Counselor (TDC) on staff.
- Smoke-free Grounds Policy continues.
- Butt Out Smoking Strategy (BOSS) for mental health clients implemented and continues.
- "Car and Home Smoke Free For Me" campaign *launched January 2006. Adopted by the MB Lung Association.*
- 663 in-patient follow-up visits by TDC.
- Workplace 'quit' baskets distributed to 5 local businesses.
- Partnership with MB Lung Association and Giant Tiger to sponsor World No Tobacco Day activities May 2007.
- 893 people referred to Tobacco Dependence Counselor (TDC) in 2006/07; Pre-op Assessment program provides the most in-house referrals.

RESULTS

- Continue to provide support to correctional institutions in education & testing.
- Brandon RHA selected to become an HIV Anonymous Testing Site for the province.
- $20,000 in funding received for translation of STI information/education resources.
- "Improving Access" project completed.

RESULTS

- Afternoon prenatal classes provides education specific to this target group.
- Parenting skills training provided through Families First & Healthy Beginnings at the Elspeth Reid Family Resource Centre and in partnership with the MB Metis Federation at the Friendship Centre.
- High school based pregnant and parenting teens program and day care opened in Sept. 2007 at Crocus Plains High School, in partnership with Brandon School Division and Child & Family Services of Western MB.
- All Public Health Nurses and Families First Home Visitors have received training in Triple P (parenting program), and offer service through individual consultations.

RESULTS

- Enhanced resources allocated to the community.
- Post Partum Program Lactation Consultants continue to strive to meet the needs of new moms.

RESULTS

- Brandon RHA has developed a 5-year operational plan with focus areas on active living, healthy eating, tobacco reduction, and stress reduction.
- Secondary prevention programs include cardiac, respiratory, and pain management clinics in CSRP Ambulatory Care setting.
- Participated in Get Better Together chronic disease self-management pilot project with the Wellness Institute; delivered two additional group classes.

RESULTS

- Coordinated Stroke Strategy audited; continued integration of service delivery required.
- Received approval for two years of funding from The Canadian Stroke Network to develop a Stroke Prevention Clinic at BRHC.
- Ongoing funding for the Stroke Prevention Clinic is being submitted as a new initiative.

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• Continue to support healthy child development in children of teenage parents (ages 15 – 19) through prenatal care, parenting skills training, and high school based programs.	• Number accessing prenatal care at the Friendship Center or during Canadian Prenatal Nutrition Program classes: 40% teens. Afternoon prenatal: 64% <18 years; 21% <17 years. 83% of teens were registered in school. • Teen parents accessing prenatal care: 43 in 2006/07 and 95 in 2007/08; 45% 18 years or younger. • Enrolment in Families First & Healthy Beginnings: 145 in Families First; and on average 120 in Healthy Beginnings. • Percentage of pregnant teens attending high school: 83% in 2006/07 (<18 years old and attending afternoon prenatal) but completion rate unknown.
• Demonstrate progress towards achieving targets established for initiation, duration, and data on exclusive, partial, or no breastfeeding.	• Initiation rates: 84% in 2005/06, 88% in 2006/07. • Duration Rates in 2003: Exclusive/Partial – 21.3% at 12 mos. and 6.1% at 18 mos. • Initiation Rates at birth/discharge: 78.6% in 2003/04; 84%/79% in 2004/05; 85%/79% in 2005/06; 87%/81% in 2006/07.
• Develop and implement the Chronic Disease Prevention Initiative, based on a framework that addresses cardiac, respiratory and renal diseases as well as cancer. (Plan approved in March of 2006)	• Hospital rates due to Acute Myocardial Infarction (heart attacks): 2.7/1000 > age 40 in 2005/06; 3.9/1000 > age 40 in 2006/07. • Cancer Incidence (2005): Males = 580.9/100,000; Females = 422.3/100,000 • Respiratory Morbidity rates: 14.4% in 2005/06; 14.1% in 2006/07. • Hypertension rates > age 25: 17.8% in 2005/06; 17.6% in 2006/07. • Hospital rates due to respiratory disease: 364 cases, 3,326 hospital days in 2005/06; 408 cases, 4,234 hospital days in 2006/07. • Hospital rates due to circulatory system: 554 cases, 4,851 hospital days in 2006; 611 cases, 5,752 hospital days in 2007.
• Implement a Coordinated Stroke Strategy in partnership with the Manitoba Heart and Stroke Foundation.	• Audit results re compliance with Clinical Guideline/Pathway. • Implementation of Stroke Prevention Clinic.

Improved health status of the community through strategies that focus on wellness and the factors that determine health.

MB Health & Healthy Living Goal:
Optimize the health status of all Manitobans.

RESULTS

- Tobacco Dependence Counselor (TDC) on staff.
- Smoke-free Grounds Policy continues.
- Butt Out Smoking Strategy (BOSS) for mental health clients implemented and continues.
- "Car and Home Smoke Free For Me" campaign launched January 2006. Adopted by the MB Lung Association.
- 663 in-patient follow-up visits by TDC.
- Workplace 'quit' baskets distributed to 5 local businesses.
- Partnership with MB Lung Association and Giant Tiger to sponsor World No Tobacco Day activities May 2007.
- 493 people referred to Tobacco Dependence Counselor (TDC) in 2006/07; Pre-op Assessment program provides the most in-house referrals.

RESULTS

- Continue to provide support to correctional institutions in education & testing.
- Brandon RHA selected to become an HIV Anonymous Testing Site for the province.
- $20,000 in funding received for translation of STI information/education resources.
- "Improving Access" project completed.

RESULTS

- Afternoon prenatal classes provides education specific to this target group.
- Parenting skills training provided through Families First & Healthy Beginnings at the Elspeth Reid Family Resource Centre and in partnership with the MB Metis Federation at the Friendship Centre.
- High school based pregnant and parenting teens program and day care opened in Sept. 2007 at Crocus Plains High School, in partnership with Brandon School Division and Child & Family Services of Western MB.
- All Public Health Nurses and Families First Home Visitors have received training in Triple P (parenting program), and offer service through individual consultations.

RESULTS

- Enhanced resources allocated to the community.
- Post Partum Program Lactation Consultants continue to strive to meet the needs of new moms.

RESULTS

- Brandon RHA has developed a 5-year operational plan with focus areas on active living, healthy eating, tobacco reduction, and stress reduction.
- Secondary prevention programs include cardiac, respiratory, and pain management clinics in CSRP Ambulatory Care setting.
- Participated in Get Better Together chronic disease self-management pilot project with the Wellness Institute; delivered two additional group classes.

RESULTS

- Coordinated Stroke Strategy audited; continued integration of service delivery required.
- Received approval for two years of funding from The Canadian Stroke Network to develop a Stroke Prevention Clinic at BRHC.
- Ongoing funding for the Stroke Prevention Clinic is being submitted as a new initiative.

STRATEGIC PRIORITY

ACTION	MEASURES
• Continue to implement the revised Regional Diabetes Program (RDP) with emphasis on the Aboriginal population.	• Progress/status report on achievements of goals and activities set out in the RDP Logic Model. • Diabetes Prevalence.
• Develop and implement a Renal Health (Pre-renal Insufficiency) Outreach Program in collaboration with the Manitoba Renal Program.	• Progress towards development and implementation. • Complications related to diabetes to be identified.
• Develop a long-term plan to address the increasing incidence of mental illness in children, adults and the elderly (findings MCHP Report 2004), and implement Early Intervention Program ("First Contact for Youth Service").	• Plan/model with implementation timelines and resource implications. • Strategy/Framework development. • Progress Report.
• Continue development and implementation of an Aboriginal-specific Health Strategy (a population health framework in consultation with Aboriginal groups).	• Evidence of development & implementation of the Aboriginal Health Strategy: - Number of Aboriginal people hired. - Evidence of cultural awareness/misconception training. - Unemployment rates: 12.6% in 2001; median household income $13,163 in 2001. - Level of education less than high school 34.3% in 2001. - Immunization rates Brandon: (Age 1) 85.7% in Southwest, 50% in West, 52.6% in Central, 72.7% in Southeast, 61.5% in East, and 100% in North; (Age 2) 66.7% in Southwest, 0% in West, 33.3% in Central; 33.3% in Southeast, 42.9% in East, and 25% in North.
• Continue implementation of the 3-year Injury Prevention Plan in collaboration with Safe Communities Brandon & Area.	• Progress report addressing the targets established for 2006/07 as per the Regional Injury Prevention Framework.

Improved health status of the community through strategies that focus on wellness and the factors that determine health.

MB Health & Healthy Living Goal:
Optimize the health status of all Manitobans.

RESULTS

- Diabetes Advisory Committee for Brandon RHA & ARHA meets quarterly.
- Pre-Diabetes research proposal submitted to Public Health Agency of Canada approved for 2008/09.
- Weight-loss program initiated.
- 6th Annual Diabetes Gathering for Aboriginal people with 150 attendees.
- Foot assessment clinic continues in Public Health with Prairie Health Matters (PHM) since July 2006.
- First region in Manitoba to develop and implement the transfer of function for insulin adjustment; staff trained and certified.
- PHM received Diabetes Education Standards Recognition from the Canadian Diabetes Association.

RESULTS

- Pre-renal Insufficiency (PRI) Program staffing increased to 1.0 EFT with funds previously allocated in CSRP budget.
- The Renal Health Outreach Program participated in sessions in Sioux Valley and Dauphin.
- Request for a further 0.5 EFT RN in 2009/10 Health Plan to assist with pre-renal insufficiency clients and to extend the outreach program.

RESULTS

- Consultations with Assiniboine RHA, Central RHA, & Parkland RHA.
- Strategic Planning occurs at two levels: (1) Coordinating Team (Director & Managers) and (2) Mental Health Programs.
- Primary focus on partnerships, integration and wellness.
- Mental Health Promotion Committee & Action Plan.
- Procura database implementation in MH Community Programs will result in improved data collection to support future strategic planning.
- Mental Health Services for the Elderly staff expansion to meet volume increases.
- The Early Intervention Service (EIS) is fully operational and consultations with the Assiniboine RHA, Central RHA and Parkland RHA are active and increasing.

RESULTS

- The Aboriginal Spiritual Care Worker position initially funded by Aboriginal & Northern Affairs (ANA)/MB Metis Federation (MMF) has been made permanent.
- Cultural Awareness education program.
- Aboriginal Workforce Initiative commenced in April 2003. As of April 2008, over 200 people hired.
- Proposal submitted and accepted through Aboriginal Adaptation Transition Fund to conduct "Closing the Cultural Gap" project.

RESULTS

- National branding of Safe Communities Canada 2007, including first National Safe Communities Day October 3, 2007.
- Brandon Chief of Police now involved in Safe Communities Brandon & Area to assist with motor vehicle injury prevention plan.
- Signage provided for 13 designated "safe playgrounds" by Safe Communities Brandon & Area in partnership with City of Brandon September 2007.
- Suicide Prevention Implementation Network – planning national conference for June 2009.
- Seniors Falls Prevention – community projects focused on safe environments (traffic lights near seniors housing).
- Young Worker Injury – "preventing young worker injury" workshops increased to twice annually in 2008.
- Implemented Prevent Alcohol and Risk Related Trauma In Youth (P.A.R.T.Y.) Program in partnership with eight other community groups/ agencies in the region. (Inaugurated April 2007).

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STRATEGIC PRIORITY

ACTION	MEASURES
• Participate in the Provincial Wait List Reduction Strategy in collaboration with Manitoba Health and the Assiniboine RHA: - Support the establishment of a short-term acute Rehab Unit in Rivers. - Support the development & implementation of an arthroscopy service in Minnedosa. - Increase the number of hip and knee replacements/ revisions performed at the Brandon Regional Health Centre (excludes hip fracture repairs, which average 80 cases/ year). - Increase the number of cataract surgeries performed at the Brandon Regional Health Centre (and Minnedosa).	• Decrease in wait times.
• Reconfigure A2 and A3 inpatient units to create compatible patient groupings & improve utilization: A3 - Waiting Placement 26, Swing Beds 12, Palliative/Ventilator 12; A2 - Complex Medical 25, Stroke 12, Ortho Rehab 12.	• Progress of reconfiguration.
• Increase the number of medical beds to a minimum of 12 and complete renovations to the 5th and 4th floors of the General Centre to accommodate increased medical beds.	• Acquisition of operating funds. • Allocation of internal renovation funds.
• Implement strategies that improve access to physician specialist services, in collaboration with MHHL and the 2 major clinics, informed by the "Physician Satisfaction Survey Action Plan". • Implement recruitment strategies and incentives that will facilitate achievement of the physician resource plan.	• Recruitment/retention of specialist complement as per plan.
• In collaboration with the Dept of Family Practice and MB Health, develop a "Hospitalist" model based on best practice, and implement it in accordance with timelines established for the recruitment.	• Feasibility study. • Establishment of a new model for caring for "unassigned patients".
• Implement a Regional Infection Control Program with a Coordinator.	• Progress of implementation plan.

Human, financial and capital resources, including equipment that support and sustain programs and services that are people centered and needs driven.

MB Health & Healthy Living Goal:
Improve quality, accessibility and accountability.
Achieve a sustainable health system.

RESULTS

- Rehab Unit in Rivers established. The Evaluation Report demonstrated that utilization has steadily increased. This is an effective strategy to support the orthopaedic program in Brandon and to improve the outcomes/earlier recovery for patients undergoing arthroplastic surgery.
- Arthroscopy program in Minnedosa continues.
- Prehab Program commenced spring of 2006 one-half day/week. Enhanced staffing in 2007.
- Itinerant surgeon who does hip surgery commenced in Brandon in January 2007 and a fulltime permanent one recruited effective March 2008.

RESULTS

- Number of palliative patients often exceeds number of designated palliative beds; further program planning required.

RESULTS

- Proposal for operating funds to increase medical beds submitted in 2007/08 Health Plan. Renovations to 5th floor to be facilitated through RHA capital management plan and safety/security funds.
- Phase One of renovations to 4th floor of the General Centre completed.
- 1,096 medical patient days off-service (Obs/Peds/ Surgical/delayed in ICU).

RESULTS

- In 2007/08 there were 43 medical students and residents.
- Physicians in Brandon participate in Clinical Field Assessments of International Medical Graduates (IMGs); 14 IMGs were assessed in Brandon during the 2007/08 fiscal year.
- Two specialists, six ER physicians, and eight Family Practice physicians were recruited in 2007/08.

RESULTS

- Development of model in progress.

RESULTS

- Funding received for 2008/09.

STRATEGIC PRIORITY

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STRATEGIC PRIORITY

ACTION	MEASURES
• Complete the development, implementation, and monitoring of a Regional Pandemic plan.	• Progress of implementation plan.
• Continue to secure capital and operating funding for the Capital Management Plan, specialized equipment, and safety/ security projects.	• Funding allocations • Progress towards completion and/or acquisition of: - Capital plan - Safety/Security projects - Specialized equipment - Basic equipment
• Complete development and implementation of a Radiation Therapy Unit, in collaboration with Manitoba Health and CancerCare Manitoba (CCMB).	• Evidence of collaboration. • Complete planning stage. • Completion of building project. • Acquisition of equipment.

STRATEGIC PRIORITY

ACTION	MEASURES
• Ensure the development and implementation of a comprehensive strategic Human Resource Plan that includes: Strategic direction, Environmental scan (technical, external influences, etc.), Internal departmental & organizational analyses, HR Department review, Current & future human resources supply & demand, Quality of work life review, HR initiatives, Recommendations, Evaluation.	• Progress of plan development. • Number of recommendations implemented. • Employee Satisfaction Survey results. • Vacancy rates: Average 5.5% in 2006/2007, 5.6% in 2007/2008 • Turnover rates: projected 8.97% in 2007/2008. • Sick leave utilization - average days/EFT and paid. • Overtime utilization - paid hrs/month. • Evaluation results.
• Ensure effective communication strategies throughout the Region.	• Communication Survey results.
• Support implementation of a Child Day Care for the RHA employees.	• Progress towards implementation.
• Implement an Employee Wellness Program in collaboration with the Wellness Committee.	• Funding identified. • Progress towards implementation of components. • Number of Workplace Safety & Health complaints: 48 in 2003; 23 in 2004; 41 in 2005; 48 in 2006. • Number of wellness initiatives.

Human, financial and capital resources, including equipment that support and sustain programs and services that are people centered and needs driven.

MB Health & Healthy Living Goal:
Improve quality, accessibility and accountability.
Achieve a sustainable health system.

RESULTS

- Pandemic Plan complete except for Clinical guidelines and Ethical decision making framework.
- Implementation progressing; Pandemic plan nearing completion.
- Pandemic 'table-top' exercise held with community partners.

RESULTS

- Additional Funding:
  - $5,729,100 to baseline operating (4.16% increase)
  - $557,437 EMS
  - Safety/Security = $756,568 (4 projects)
  - Specialized/IT Equipment = $810,436
  - MB Health Basic Equipment Funding = $624,011
- Total Equipment all sources = $2,559,317
- Room Renovations = $316,974 (operating)

RESULTS

- Architect selected January 2007, currently in design development phase.
- Recruitment for Radiation Oncologist, Electronics Technician and Medical Physicist underway.
- Group purchase of linear accelerator underway with CancerCare Manitoba (CCMB).

An organization that attracts and retains employees who feel valued and supported.

MB Health & Healthy Living Goal:
Optimize the health status of all Manitobans.
Achieve a sustainable health system.

RESULTS

- Regional HR policy development is 85% complete; new regional policy structure completed.
- Draft Aboriginal Workforce Program developed.
- HR Information System implemented and in further development (payroll, staffing, HR).
- Management Development Program offered three times and continues.
- Respectful Workplace policy and campaign completed and continues.
- Review and adjustment to the organizational structure and titles completed.
- Development teams established for Recruitment, Attendance Management, Employee Handbook, Website development and Electronic HR file.

RESULTS

- Combined "yes"/"sometimes" rate of 94% for staff who feel they are well informed about what is going on in the Brandon RHA.
- Monthly "Regional Leadership Team" forum – Program Managers included quarterly.
- CEO provides a written report to RHA Board.
- CEO is a full time attendant at the Medical Advisory Committee (MAC) meetings.
- Joint Conference Committee established (Board/Physicians/Management).
- Monthly newsletter published for staff.

RESULTS

- Currently planning with the Brandon School Division, YMCA, and Manitoba Government to create a partnership.
- Operational Grant funding approved.
- Board capital funding loan parameters established.

RESULTS

- $35,000 budget allocation established in 2007 and workplaces invited to apply for funding.
- Fitness centres established at three sites.
- Workplace Wellness Workshop January 2007.
- Numerous wellness initiatives.

STRATEGIC PRIORITY

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STRATEGIC PRIORITY

ACTION	MEASURES
• Continue to develop and implement a Region-wide integrated electronic health record.	• Progress towards achievement of implementation plan.
• Update and submit a proposal to MB Health & Healthy Living for the development and implementation of a community-based Acquired Brain Injury Program (ABI) in collaboration with the ABI Interest Group (Westman).	• Progress towards achievement of development and implementation plan.
• Develop and implement strategies in collaboration with MB Health & Healthy Living and partner organizations that will ensure long term viability of the 7th Street Health Access Centre. • Allocation of permanent operating funds through new funding or redirection of existing global allocations.	• Identification of long term funding sources.

STRATEGIC PRIORITY

ACTION	MEASURES
• Acquire resources to facilitate and monitor the requirements for patient safety initiatives.	• Progress towards implementation of initiatives.
• Continue to implement Regional Risk Management Strategy.	• Progress towards implementation.
• Participate in the "Safer Healthcare Now!" campaign: - Deploy Rapid Response Teams, Deliver Reliable, Evidence-Based Care for Acute Myocardial Infarction (AMI), Prevent Adverse Drug Events, Prevent Central Line Infections, Prevent Surgical Site Infections, and Prevent Ventilator-Associated Pneumonia (VAP). • Conduct Patient Safety Leadership Walk Rounds. • Accreditation Canada Patient Safety Goals & Organizational Practices. • Introduce" Climate of Safety Survey. • Monitor and report adverse outcomes & critical incidents in accordance with policy. • Utilize Root Cause Analysis for critical incidents. • Provide reports on patient safety to the Board semi-annually, including resolution/improvement.	• Implementation of the six strategies. • CCHSA Survey Report. • Climate of Safety Survey results – every three years.

Health system integration with partnerships that enhance access and minimize duplication.

MB Health & Healthy Living Goal:
Improve quality, accessibility and accountability.
Optimize the health status of all Manitobans.

RESULTS

- 50% complete all programs; 52% complete in acute care.
- Plans for further rollout of the electronic health record system (Procura) in community programs in 2007/08 and Siemens MS4 in acute (clinical assessments, allergy module, & document scanning).
- Plans for further rollout of Procura in community programs in 2008/09.

RESULTS

- Revised proposal is being re-submitted in 2009-10 "New Initiatives".
- ABI needs assessment underway for the Westman area.

RESULTS

- Permanent funding received in prior years.
- Funding received for two part-time term cultural navigators.
- Allocation of Mental Health service worker.
- Community volunteer income tax program continues to be successful.
- Participation in Get Better Together self-management programming.
- Outreach programs offered at local Soup Kitchen.
- Ankle-Brachial Index (ABI) trained RN to perform Peripheral Vascular Disease (PVD) assessment.

An organizational culture that focuses on safety, disclosure, learning, and improvement, using a system-wide approach.

MB Health & Healthy Living Goal:
Improve quality, accessibility and accountability.

RESULTS

- Funding for Patient Safety Safety Coordinator approved for 2008/09.
- We continue to ensure compliance with Accreditation Canada's Required Organizational Practices (ROPs).
- We continue to emphasize our commitment to Continuous Quality Improvement and Patient Safety.
- Accreditation Canada recommendations are integrated into the Health Plan Status Report.
- We have successfully met all conditions from the 2006 Accreditation Report.

RESULTS

- Develop and implement Action Plans related to the HIROC Risk Management Self Appraisal Modules.
- Annual Failure Mode Effects Analysis (FMEA) conducted.
- Prophylactic antibiotic timing before and after surgery 43% & 47% with a target of 95%.
- Critical Incident Review Process in place.
- Root Cause Analysis in use and process reviews conducted after critical incidents.
- Patient Safety Leadership Walk Rounds established in February 2007.
- Climate of Safety Survey conducted: 3.86/5 in 2004; 3.89 in 2007.
- Patient safety monitoring reports submitted to the Board semi-annually.

RESULTS

- Team established for AMI & Clinical Practice Guideline developed.
- Medication reconciliation on admission implemented in acute care, home care and long term care: Acute Care – rate of potential harm decreased from 73 % (baseline) to 27% in January 2008; LTC – rate of potential harm decreased from 80 % (baseline) to 20% in July 2007. Home Care – Medication reconciliation success index was 98% as of January 2008.
- Medication reconciliation on discharge planning underway.
- VAP rate for 2006/07 was 3.6/1000 ventilator days with a target of 5/1000. VAP rate from January - December 2007 was 10.6. Elevation of head of bed 100%.

STRATEGIC PRIORITY

ACTION	MEASURES
• Continue to develop and implement a Region-wide integrated electronic health record.	• Progress towards achievement of implementation plan.
• Update and submit a proposal to MB Health & Healthy Living for the development and implementation of a community-based Acquired Brain Injury Program (ABI) in collaboration with the ABI Interest Group (Westman).	• Progress towards achievement of development and implementation plan.
• Develop and implement strategies in collaboration with MB Health & Healthy Living and partner organizations that will ensure long term viability of the 7th Street Health Access Centre. • Allocation of permanent operating funds through new funding or redirection of existing global allocations.	• Identification of long term funding sources.

STRATEGIC PRIORITY

ACTION	MEASURES
• Acquire resources to facilitate and monitor the requirements for patient safety initiatives.	• Progress towards implementation of initiatives.
• Continue to implement Regional Risk Management Strategy.	• Progress towards implementation.
• Participate in the "Safer Healthcare Now!" campaign: - Deploy Rapid Response Teams, Deliver Reliable, Evidence-Based Care for Acute Myocardial Infarction (AMI), Prevent Adverse Drug Events, Prevent Central Line Infections, Prevent Surgical Site Infections, and Prevent Ventilator-Associated Pneumonia (VAP). • Conduct Patient Safety Leadership Walk Rounds. • Accreditation Canada Patient Safety Goals & Organizational Practices. • Introduce" Climate of Safety Survey. • Monitor and report adverse outcomes & critical incidents in accordance with policy. • Utilize Root Cause Analysis for critical incidents. • Provide reports on patient safety to the Board semi-annually, including resolution/improvement.	• Implementation of the six strategies. • CCHSA Survey Report. • Climate of Safety Survey results – every three years.

Health system integration with partnerships that enhance access and minimize duplication.

MB Health & Healthy Living Goal:
Improve quality, accessibility and accountability.
Optimize the health status of all Manitobans.

RESULTS

- 50% complete all programs; 52% complete in acute care.
- Plans for further rollout of the electronic health record system (Procura) in community programs in 2007/08 and Siemens MS4 in acute (clinical assessments, allergy module, & document scanning).
- Plans for further rollout of Procura in community programs in 2008/09.

RESULTS

- Revised proposal is being re-submitted in 2009-10 "New Initiatives".
- ABI needs assessment underway for the Westman area.

RESULTS

- Permanent funding received in prior years.
- Funding received for two part-time term cultural navigators.
- Allocation of Mental Health service worker.
- Community volunteer income tax program continues to be successful.
- Participation in Get Better Together self-management programming.
- Outreach programs offered at local Soup Kitchen.
- Ankle-Brachial Index (ABI) trained RN to perform Peripheral Vascular Disease (PVD) assessment.

An organizational culture that focuses on safety, disclosure, learning, and improvement, using a system-wide approach.

MB Health & Healthy Living Goal:
Improve quality, accessibility and accountability.

RESULTS

- Funding for Patient Safety Safety Coordinator approved for 2008/09.
- We continue to ensure compliance with Accreditation Canada's Required Organizational Practices (ROPs).
- We continue to emphasize our commitment to Continuous Quality Improvement and Patient Safety.
- Accreditation Canada recommendations are integrated into the Health Plan Status Report.
- We have successfully met all conditions from the 2006 Accreditation Report.

RESULTS

- Develop and implement Action Plans related to the HIROC Risk Management Self Appraisal Modules.
- Annual Failure Mode Effects Analysis (FMEA) conducted.
- Prophylactic antibiotic timing before and after surgery 43% & 47% with a target of 95%.
- Critical Incident Review Process in place.
- Root Cause Analysis in use and process reviews conducted after critical incidents.
- Patient Safety Leadership Walk Rounds established in February 2007.
- Climate of Safety Survey conducted: 3.86/5 in 2004; 3.89 in 2007.
- Patient safety monitoring reports submitted to the Board semi-annually.

RESULTS

- Team established for AMI & Clinical Practice Guideline developed.
- Medication reconciliation on admission implemented in acute care, home care and long term care: Acute Care – rate of potential harm decreased from 73 % (baseline) to 27% in January 2008; LTC – rate of potential harm decreased from 80 % (baseline) to 20% in July 2007. Home Care – Medication reconciliation success index was 98% as of January 2008).
- Medication reconciliation on discharge planning underway.
- VAP rate for 2006/07 was 3.6/1000 ventilator days with a target of 5/1000. VAP rate from January - December 2007 was 10.6. Elevation of head of bed 100%.

2007/2008 Renovation/Redevelopment Projects

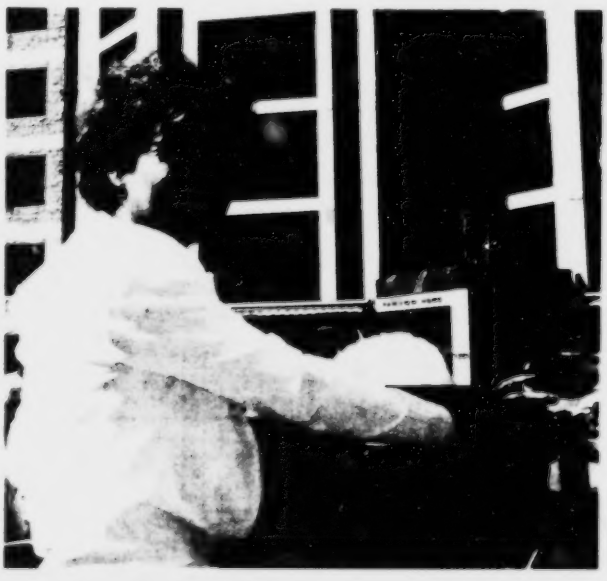
Item Description	Program/Service	Cost ($)
Acute Care:		
Echo Cardio	DI (Echo)	31,000
AC Floor Repairs (34 Rooms)	Assiniboine Centre	11,081
Room 5 Stretcher Bay Area	DI	20,000
Lighting 400 Medical Patient Rooms	400 General Centre	20,000
Shower renovations	GC200	18,000
Stretcher Bay renovations	DI (CT)	5,000
400 Medicine renovations	400 General Centre	80,000
Safety Glass replacement for mirrors	CGP	13,285
Room for PharMACist - A3	N/A	5,000
Community and Long Term Care:		
Panic Alarm	Fairview	7,241
Potential overage on Fairview Home skylights	N/A	15,000
Support Services:		
Staff IT kiosks (x6)	Human Resources	20,000
Regional:		
Renovation of rooms for Electronic Health Record	N/A	6,390
Renovations for Resident Physicians' house	N/A	48,342
Asphalt Repairs on Russell Street	N/A	6,635
Total		*316,974*

The Future

- The Brandon Regional Health Authority is undertaking a thorough review of our programs and services with regards to Health Promotion and Disease Prevention activities. This review will help us to be more responsive to the population we serve and to improve integration of services, reduce redundancy, and improve efficiency of resource utilization.
- Community Health Assessment in 2008/09 will inform next long-term strategic plan.
- Planning underway for the construction of a comprehensive cancer treatment facility and implementation of an enhanced cancer care program in 2010.
- Westman Regional Laboratory renovations and new construction.
- Human Resources planning and recruitment will be on-going.
- Physician recruitment continues in collaboration with clinics.
- Continued progress and participation in patient safety initiatives.
- Focus on employee wellness and healthy workplace.
- Implementation of a Teen Health Clinic.

The Challenges

- Enhancing service provision around health promotion and illness/injury prevention.
- Recruitment and retention of qualified health care professionals and physicians.
- Aging infrastructure - ongoing work is required in the BRHC General Centre building to support the provision of safe and effective health care.



Brandon Regional Health Authority
Consolidated Statement of Financial Position

March 31		2008		2007 (Restated - Note 17)
ASSETS				
CURRENT				
Cash	$	2,026,046	$	-
Accounts receivable (Note 4)		5,995,360		4,989,798
Inventories		1,315,299		1,418,977
Prepaid expense		2,238,556		1,443,676
Due From Manitoba Health & Healthy Living - Vacation		7,224,269		7,224,269
Due From Manitoba Health & Healthy Living - Vacation Non-Devolved Facilities (Note 17)		788,820		788,820
		19,588,350		**15,865,540**
DUE FROM MANITOBA HEALTH & HEALTHY LIVING - Pre-retirement		9,191,179		9,191,179
DUE FROM MANITOBA HEALTH & HEALTHY LIVING - Pre-retirement Non-Devolved Facilities (Note 17)		8 26,654		826,654
INVESTMENTS (Note 5)		3,766,526		3,668,868
CAPITAL ASSETS (Note 6)		104,781,883		107,168,496
	$	**138,154,592**	$	**136,720,737**
LIABILITIES				
CURRENT				
Bank advances - operating (Note 7)	$	-	$	1,049,564
Accounts payable and accrued liabilities		9,152,717		7,981,486
Bank advances		1,099,906		1,113,509
Employee Future Benefits - Vacation		9,121,767		9,016,534
Due to Non-Devolved Facilities - Employee Future Benefits - Vacation (Note 17)		788,820		788,820
Current portion of obligation under capital lease (Note 9)		-		200,428
Current portion of long term debt (Note 8)		103,770		97,437
		20,266,980		**20,247,778**
EMPLOYEE FUTURE BENEFITS - Pre-retirement		12,126,433		11,448,862
DUE TO NON-DEVOLVED FACILITIES - Employee Future Benifts - Pre-retirement (Note 17)		826,654		826,654
LONG TERM DEBT (Note 8)		754,061		857,831
DEFERRED CONTRIBUTIONS (Note 10)				
Expenses of future periods		1,727,395		1,296,058
Capital assets		99,271,596		100,692,626
		134,973,119		**135,369,809**
NET ASSETS				
Invested in capital assets (Note 11)		1,944,822		2,198,310
Internally restricted (Note 12)		3,322,266		3,567,018
Externally restricted (Note 12)		28,202		27,164
Unrestricted		(2,113,817)		(4,441,564)
		3,181,473		**1,350,928**
COMMITMENTS AND CONTINGENCIES (Note 14)				
	$	**138,154,592**	$	**136,720,737**

Financial information was taken from the Annual Financial Statements reported on by Deloitte and Touche in the Audit report dated June 27, 2008. A complete set of Financial Statements, Auditors Reports and Public Sector Compensation disclosure can be obtained from the Brandon RHA Administration office.

Brandon Regional Health Authority
Consolidated Statement of Operations

For the year ended March 31	2008	2007
Revenue		
Manitoba Health & Healthy Living operating income		
Income as per Funding Document (excluding funding related to Capital and Interest)	$ 154,315,375	$ 145,144,257
One Time Funding	1,445,014	1,364,828
Retroactive Salary Payments	874,039	495,847
Recovery of Non Global Items	1,436,206	2,462,809
Other Manitoba Health & Healthy Living Income	4,493,635	3,403,129
Total Manitoba Health & Healthy Living Funding (Note 13)	162,564,269	152,870,870
Non-insured income	8,691,997	6,980,737
Other Income	3,481,550	2,814,096
Amortization of deferred contributions	9,049,675	9,325,399
Capital revenue - Non Devolved Facilities	540,303	572,698
Ancillary revenue	3,867,345	3,827,079
	188,195,139	176,390,879
Expenses		
Acute Care Services	107,092,483	100,993,479
Long Term Care Services	23,954,173	22,680,424
Medical Remuneration - All Programs	14,105,563	12,195,921
Community Based Mental Health Services	12,065,026	11,618,423
Community Based Home Care Services	6,368,231	6,121,714
Community Based Health Services	4,917,039	4,693,620
Land Ambulance	557,436	545,112
RHA Administration Costs	2,909,524	2,864,029
Amortization of capital assets	8,616,175	8,826,480
Capital payments - Facilities	540,303	572,698
Interest on capital lease	7,024	23,429
Interest on long term debt	126,576	68,039
Other operating expenses	1,750,156	1,474,994
Ancillary expenses	3,464,597	3,721,124
	186,474,306	176,399,486
Excess (Shortfall) of revenue over expenses for the year	**$ 1,720,833**	**$ (8,607)**
ALLOCATION OF EXCESS (SHORTFALL) OF REVENUE OVER EXPENSES:		
Investment in Capital Assets - Manitoba Health & Healthy Living Activities	$ (841,437)	$ (843,027)
Unrestricted - Manitoba Health & Healthy Living Activities	2,625,681	772,672
Investment in Capital Assets - Non Manitoba Health & Healthy Living Activities	(508,319)	(441,720)
Internally Restricted - Non Manitoba Health & Healthy Living Activities	443,870	503,243
Externally Restricted	1 ,038	225
	$ 1,720,833	$ (8,607)

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Brandon RHA Programs and Services

Brandon Regional Health Centre (BRHC)
150 McTavish Avenue East
Brandon, Manitoba R7A 2B3
Ph: 578-4000 Fax: 578-4876
- Cancer Program (chemotherapy)
- Cast Clinic
- Day Treatment
- Emergency/Observation Unit
- Gastro Intestinal (GI) Unit
- Heart Program
- Infection Control
- Intensive Care Unit
- Medical and Surgical Units
- Mother and Baby Unit
- Lactation Consultant
- Neonatal Intensive Care Nursery
- MB Breast Screening Program
- Ostomy Care
- Paediatrics
- Pain Management
- Palliative Care
- Prehab Program
- Renal Unit (Dialysis)
- Respiratory Program
- Rehabilitation
- Short Term Emergency Program (STEP)
- Surgical Suite
- Tobacco Dependence Program
- Waiting Placement/Supportive Care
- Wound Care Clinic

Diagnostic Services
- Bone Density
- CT Scan
- Echocardiology
- Electrocardiography (ECG)
- Electroencephalography (EEG)
- Fluoroscopy
- General Imaging (X-Ray)
- Mammography
- MRI
- Nuclear Medicine
- Pacemaker Clinic
- Respiratory Services
- Ultrasound

Regional Rehabilitation
- Communication Disorders
- Children's Therapy Initiative
- Occupational Therapy
- Physiotherapy
- Neuropsychology Clinics
- Recreation Therapy

Allied Health Services
- Health Resource Centre
- MB Telehealth
- Medical Services
- Pharmacy, Rural Pharmacy
- Practice Guidelines Facilitator
- Spiritual Care
- Therapeutic Dietetics
- Volunteer Services
- Westman Regional Laboratory

Public Health
A5 - 800 Rosser Avenue,
Town Centre
Brandon, Manitoba R7A 6N5
Ph: 571-8446 Fax: 726-8743
- Child Health Clinics
- Communicable Disease Control
- Community Nutritionist
- Community Postpartum Program
- Families First Program
- Health Education and Promotion
- Healthy Beginnings—A Healthy Baby Program
- Immunization Services
- Prenatal Sessions
- School Health Program
- Sexual Health Program
- Unified Referral Intake System
- Women's Health

Prairie Health Matters
Ph: 571-8357
- Diabetes & Heart Health

Audiology Services
Ph: 571-8366
- Hearing testing
- Counselling and education on hearing loss, hearing aides and hearing protection.
- Elks Preschool Aural Rehab

Medical Officer of Health
- Ph: 571-8395

Midwifery Services
531 Princess Avenue
Brandon, Manitoba R7A 0P1
Ph: 571-5530 Fax: 571-5537
- Please call ahead for an appointment with a midwife.

Regional Planning / Support / Financial Services
- Biomedical Services
- Capital Planning
- Clinical/Evaluation Analyst
- Continuous Quality Improvement
- Decision Support
- Safety & Emergency Services
- Environmental Services
- Facility Engineering Services
- Financial Services
- Health Information & Electronic Health Record
- Health Promotion
- Human Resources
- Information Technology & Telecommunications
- Materiels Management
- Nutrition Services
- Occupational Health
- Population Health
- Privacy Officer
- Property Management
- Risk Management

Home Care Services
150—B 7th Street
Town Centre
Brandon, Manitoba R7A 7M2
Ph: 571-8416 Fax: 726-5720 Referral line: 571-8427
homecare@Brandonrha.mb.ca
- Adult Day Program
- Appeal Process
- Assessment & Application for - Personal Care Home
- Assessment & Case Management
- Equipment & Supplies
- Family Relief
- Home Support & Personal Care Assistance
- Manitoba Home Oxygen program
- Nursing & Therapy Services
- Palliative Care
- Care Giver Relief & Respite Care
- Self Care/Family Managers Care
- Services for Seniors
- Supportive Housing
- Wait list management

7th Street Health Access Centre
20 - 7th Street
Brandon, Manitoba R7A 6M8
Ph: 578-4800 Fax: 578-4950
- Aboriginal Spiritual Care Provider
- Adult Community Mental Health Worker
- Community Health Nurse
- Cultural Facilitators (Spanish, Amharic, Mandarin)
- Healthy Brandon Facilitator (CDPI)
- Housing Resource Worker
- Income Tax Program
- Mental Health Peer Education
- Needle distribution program/sharps drop off site
- Service Navigator
- Specialized Supports Facilitators (seniors & young disabled)
- Travel Health Services
- Child and Family Services of Western MB
- Community Addictions Services
- Addictions Foundation of Manitoba
- Family Services & Housing (off peak bus pass exchange site)
- Family Violence Outreach Worker - YWCA Westman Women's Shelter
- Free Community phone, voicemail, computer & Internet access
- Free shower and washer & dryer facilities

Long Term Care

Fairview Home
1351 - 13th Street
Brandon, Manitoba R7A 4S6
Ph: 728-6696 Fax: 727-7616

Rideau Park Personal Care Home
525 Victoria Ave. East
Brandon, Manitoba R7A 6S9
Ph: 727-1734 Fax: 726-6690

Associated with:
Hillcrest Place Personal Care Home, Dinsdale Personal Care Home & Central Park Lodge Personal Care Home

Mental Health Services

Community Mental Health
B13 - 800 Rosser Avenue,
The Town Centre
Brandon, Manitoba R7A 6N5
Ph: 571-8360 Fax: 726-8684
- Psychosocial Rehabilitation
- Adult Community Mental Health
- Services for the Elderly

Child & Adolescent Treatment Centre (CATC)
1240 - 10th Street
Brandon, Manitoba R7A 7L6
Ph: 727-3445 Fax: 727-3451
Toll Free: 1-866 403-5459

Centre for Adult Psychiatry (CAP)
BRHC - 150 McTavish Avenue East
Brandon, Manitoba R7A 2B3
Ph: 578-4555 Fax: 578-4940

Centre for Geriatric Psychiatry (CGP)
BRHC - Assiniboine Centre
150 McTavish Avenue East
Brandon, Manitoba R7A 2B3
Ph: 578-4560 Fax: 578-4948

Westman Crisis Services
Administration Office
Ph: 725-3108 Fax: 726-4665
Mobile Crisis Unit (MCU)
Ph: 725-4411
Toll Free: 1-888-379-7699
Crisis Stabilization Unit (CSU)
Ph: 727-2555
- Telephone support, crisis intervention and brief residential care & outreach services

Brandon RHA Comment Line
(204) 578-2104 or 1-800-735-6596

BRANDON REGIONAL HEALTH AUTHORITY
150A 7th Street, Brandon, MB R7A 7M2 • Ph: (204) 571-8400 ~ Fax: (204) 726-8505 • www.brandonrha.mb.ca